

OFFICE OF CONSUMER AFFAIRS
One South Station • Boston, MA 02110

DIVISION OF INSURANCE - Julianne M. Bowler, Commissioner

(617) 521 - 7794 • Fax (617) 521 - 7770

APPLICATION FOR INDIVIDUAL REINSURANCE INTERMEDIARY LICENSE

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Sign and date the application.
- Return this application with a check for \$200.00 made payable to the Division of Insurance

NOTE: fees are non-refundable

Please Note – Your renewal application must be received at the Division of Insurance on or before the expiration date of your current license.

Non-Residents:

Provide an original certificate of good standing, not more than 90 days old, from their home state.

If you have any questions or need assistance, please contact Licensing at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance

Producer Licensing Section

One South Station
Boston, Massachusetts 02110 - 2208

Please Print or Type To the Commissioner of Insurance: New Application Renewal Application Application is hereby made for a Reinsurance Intermediary License issued to: 1. Name of Applicant: First Middle Jr./Sr. 2. Capacity in Which You Intend To Act: () Reinsurance Intermediary Broker () Reinsurance Intermediary Manager 3. Social Security #: Date of Birth: 5. Home Address: City Street 7. Business Address: Street City State 9. Check One:) Massachusetts Resident License) Nonresident License 10. Lines of Insurance: () Accident & Health or) Life () Property & Casualty Sickness Note Regarding Resident Reinsurance Intermediary Applicants: Each applicant for a license to act as a resident reinsurance intermediary must have been licensed as an insurance producer for the lines for which he intends to transact business as a reinsurance intermediary for a period of at least three years prior to applying for such a license. Such insurance producer license must be maintained in order for a resident reinsurance intermediary license to be maintained. Residence (last 10 years) 11. Street City State Residence (last 10 years) State Street Occupation and Business Affiliations (last 10 years): 12. From / Duties or Title: Employer's Name: Address:

City

State

Zip

Street

	From / /	to/ /	Duties or Title:		
	Employer's Name:				
1	Address:		O':	Gr. i	7.
		Street	City	State	Zip
	Attach more details, if no	•	. 1: 6 11 :	M 1 40 W () M	
	•	act, as a reinsurance in	ntermediary from an address in	Massachusetts? Yes () No	0()
	If yes, where	1		.1	
1	reinsurance intermediary	from an address in M		ployee of a corporation which No ()	acts, or intends to act as a
	If yes, give name and ad		•		
1	List any person, firm, ass management, control or a \$177N. If none, check	activities of the applica	on who or which, directly or in ant or controls the applicant po	directly, have the power to di ursuant to the definition of co	rect or cause to be directed, the ntrol or controlling in M.G.L. c. 175,
1	Name:		Address:		
1	Name:		Address:		
1	Explain how each persor	listed above directs the	he management, control or act	ivities of the applicant. Attacl	n more details, if necessary.
	Do you engage in any of address of the business lo) If yes, please describe the	business, and provide the name and
a c t	appraiser, or ever refused canceled any contract of court ever suspended, ca	d to issue or renew any employment or an app nceled or revoked any	y such license, or have you ever pointment of, or a license to you r license or authority of any kin	er surrendered any such licens ou as its producer for any reas and issued to you to pursue any	oroducer or motor vehicle damage see or has any insurance company on, or has any other public official or trade, calling or profession or refused sition? (If yes, attach details).
7. I	Has any licensing author a fine, penalty or costs a	gainst you for activitie		cense? (If yes, state the name	e issued to you or assessed or imposed e and address of the authority, the type chalf of the authority).
S	show cause, against you	? (If yes state, the name		the date of action, the type of	ncluding but not limited to an order to f license, and attach a copy of any nection with the action).
8	Have you ever filed a vo assignment for the benef Yes () No ()	luntary petition or hav it of, or any compositi	ve you been involuntarily petiti ion with your creditors? (If yes	ioned into bankruptcy or insolos, attach details).	lvency, or have you ever made any
	Have you ever been under Yes () No ()	er guardianship or other	er legal disability? (If yes, atta	ch details).	
1			are now indebted to them for or producer claim you owe then		
I	pled nolo contendere or	guilty to any violations		jurisdiction, or is any indictr	is or any other state or country, or ment, complaint, investigation or attach details).
(out of your insurance or	reinsurance business;		ntation, larceny, or deceit; or o	against you which: a) relate to or arise e) allege violations of securities laws;
. 1		our name through a co	court of law? (If yes, attach de	tails, i.e., court and date of ch	ange).
5. I	Do you claim an exempt		ee as a blind individual? e payable to the Division of In		
I		75, § 177O(D)(2), I des	signate the Commissioner of In 175B for designation of servi		ice of process in the manner and with zed insurers.

OTHR008 - Individual Reinsurance Intermediary Application

producer or reinsurance interm verify that I will maintain an in	ediary manager. If this applicat dividual insurance producer lice	ion is for a resident reinsurance in	l to transact business as a reinsura
This application must b	0 1 11 1		understanding that you must comply
with the Commonwealth's insura Dated at	nce and tax laws. this	day of	, ,
	this	day of	YEAR

I have read and am familiar with the insurance laws of Massachusetts regarding insurance and the duties and obligations of

Please Note: This application must be signed by the applicant personally.

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